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Cynancha Trachelium

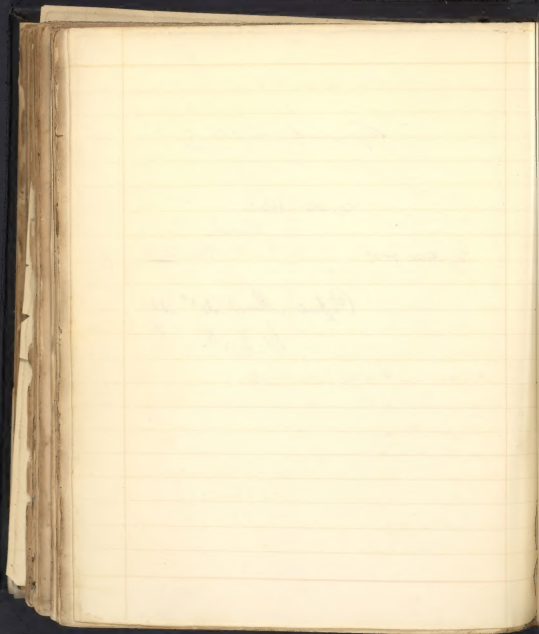
E. Mc. Blaine

Carlisle

City Hotel W. St.

Penn 2

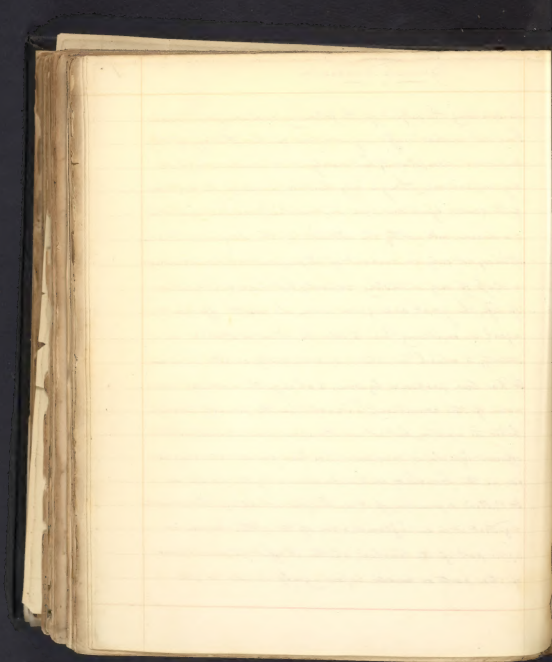
Paid March 31<sup>st</sup> 1827  
W. E. H.



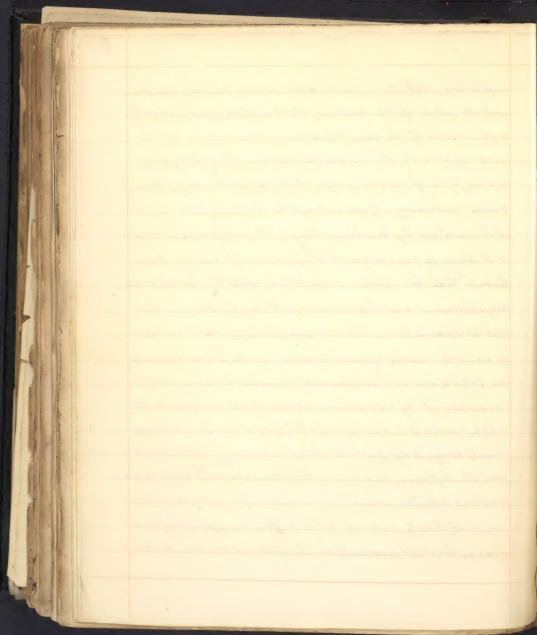
Cynanche Trachealis

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In selecting the subject of the following remarks, for a Thesis, I do not pretend to offer any new view of the pathology of this important complaint, but merely to epitomize, what from my experience, (though very limited), I consider the best history of its causes, symptoms, and treatment. Cynanche trachealis is a disease, well worthy the attention of the American Practitioner; not only on account of its frequent occurrence, amongst a class of very interesting patients; but because it deprives of life, the great and good man, who was the efficient agent, in enabling him to take the elevated station in society, to which his talents and industry entitle him — It has been proposed by some, to change the nomenclological name of this complaint to Tracheitis — this probably indicates better its nature, but not at the same time its seat, as the effused lymph, or membrane has been found extending as far as the bronchus could be traced by the knife — Dr. Cullen's definition of it is, therefore not altogether correct viz. that it is an inflammation of the glottis, larynx, or upper part of the trachea, whether it affect the membrane of these parts or muscles adjoining — If we add to this



opinion, that the inflammation extends sometimes through-  
 out the whole of the trachea, the bronchiae, and occasionally  
 to the substance of the lungs themselves, we then include all the  
 parts affected by it. This disease has been thought by some  
 writers, to be of modern origin, but this, considering the  
 causes producing it, can not well be the case; and in fact  
 it is described by Boerhaave though the proposition is ascribed  
 to Dr. Hume of Edinburgh for the first correct view of it.  
 Croup has been usually described as consisting of two forms  
 viz. spasmodic and inflammatory. It has also been divided  
 into two species - Idiopathic and symptomatic - as the consequence  
 of catarrh, measles, erysipelas maligna &c. - These distinctions  
 and I think are without foundation. That it is frequently  
 accompanied by a spasmodic action of the muscles in the  
 neighbourhood is true, but this I believe is always a secondary  
 effect, owing to sympathetic irritation extending to those parts,  
 from the inflamed membrane. All those cases with convulsive  
 symptoms, and described as such, unaccompanied by febrile action,  
 are most likely cases of Asthma. It is always an original  
 disease, located primarily, in the mucous membrane of the

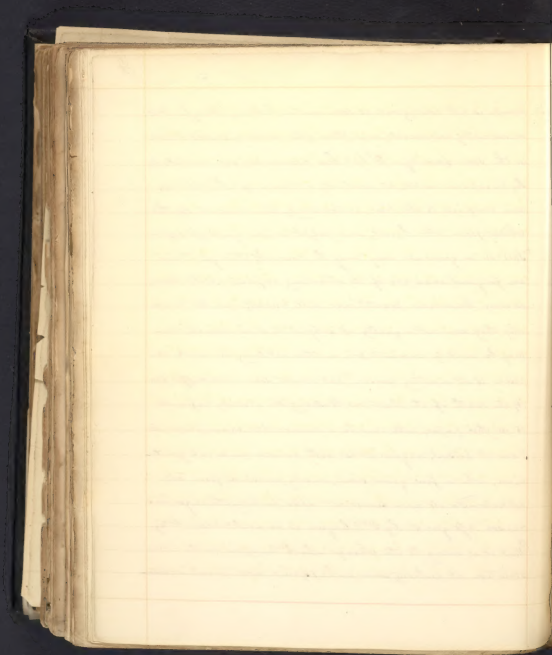


larynx and trachea; and never analogous upon any other affection—  
 Much has been written concerning the membrane produced by  
 this peculiar inflammation—That an effusion of coagulable  
 lymph, presenting a membranous appearance, does take place  
 in croup; can not well be doubted, considering the respectable  
 testimony of the fact, in some persons, derived from post mortem  
 examinations— but that it is, of as frequent occurrence at some  
 physicians report, I do not believe— My own view of the matter, is,  
 that it will only be found, in those protracted cases, where  
 the inflammation has existed long enough to form offense  
 that it will never be met with, in cases of short duration—  
 As death then occurs, from suffocation; induced, by, a spas-  
 modic action of the surrounding muscles, with probably, a  
 thickening of the mucous membrane of the trachea and  
 larynx— This substance can not be considered as an altera-  
 tion of the mucous membrane; or we might expect to  
 meet with it frequently, in all catarrhal affections of those  
 parts— The received opinion at present, is, I believe, that it is  
 an exudation from the capillary arteries, analogous to that  
 produced by the inflammation of other internal membranes

*[Faint, illegible handwriting on lined paper]*



Group is not contagious as some writers believe; though it is  
 occasionally endemial, and there often exists a predisposition  
 in the same family - It has been considered, and particularly  
 by European writers, as peculiarly a disease of childhood,  
 and confined to the time intervening, the removal of the  
 child from the breast, and eight or ten years of age -  
 This in a general way may be correct, though there  
 are frequent examples of its attacking infants at the breast,  
 as every American practitioner will know; and the reason  
 why they are not equally as subject to it as older children  
 may be readily accounted for, in their not being as much ex-  
 posed to its exciting causes - That adults sometimes suffer from  
 it, the death of the illustrious Washington already referred  
 to in this paper, will ever be a memorable example; and  
 I am at present, acquainted with an old medical gentle-  
 man, who a few years since, nearly perished from an  
 attack - For its rare occurrence after puberty the ingenious  
 reason assigned by D.<sup>r</sup> Cheyne is no doubt correct viz.  
 That it is owing to the change which happens in the con-  
 stitution at puberty, and perhaps, in a more peculiar man-



up in the stage which the upper part of the wind pipe  
 undergoes. The lat, exactly across with meninges of a gamine  
 then appears light with an embossed appearance of veins  
 and the garments of the another side, are imperious  
 but too frequently the subject of its attacks. From its more  
 frequent occurrence during winter and during the excessive  
 country, as, usually, exposure to cold, or at some village, or a  
 combination of cold and moisture. My own observation  
 leads me to conclude, that it may as readily be induced  
 by change of temperature from warm to cold, at any  
 season, and in any situation, and that any unusual  
 quantity of moisture in the atmosphere, is not necessary  
 to its production. The airy asthma symptoms of this asthma  
 are so peculiar, that it can seldom be mistaken for any  
 other, except it may be asthma, and even then, it requires  
 no great discrimination, to discover the difference. It  
 attacks either gradually or suddenly. If in the former way,  
 the little patient appears for some time pained, dull and  
 inactive, with a languid expression of countenance  
 and not much interest in his usual play and amusements.



at a certain time a rough cough, dry, and not so loud as the hoarse  
 dry cough of common croup, but the complaint  
 with other symptoms continues to increase in frequency and  
 violence until the disease is completely developed. It is often  
 induced gradually, without any previous warning, during the  
 night or most frequently towards morning. The patient  
 may have gone to bed, at a point of high fever and  
 excitement. This usually occurs after a year and a half of exposure  
 during the day to cold and moisture, or to both. The child  
 having concluded at noon, with its companions in winter  
 snow until late in the evening, or perhaps sliding upon  
 ice under the influence of a high and cold wind.  
 The examinations by dissection confirm the view I have  
 taken of this complaint. The mucous membrane of  
 the larynx and trachea, is covered with coagulable  
 lymph, adhering strongly to it, but more abundant,  
 and of firmer consistence, in the upper part of the  
 trachea than elsewhere. The lungs have been found  
 empty, involved in the inflammation, as evidenced  
 by the hardness of their texture, and redness to the lungs,

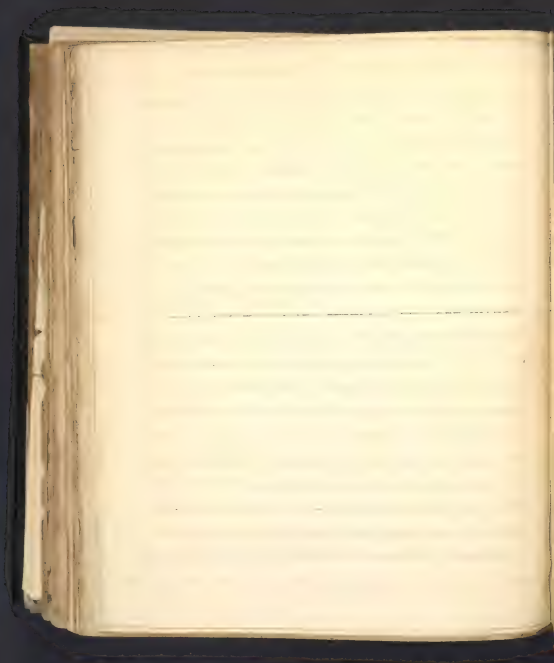


and thus constituting a series of permanent nodules within the  
 cells - each appearance, more particularly the latter, is before-  
 mentioned, and, no doubt, only to be met with, in those bronchitic  
 cases where the inflammation had existed a few times -  
 When the disease is completely gone, by the following, & there,  
 in a general way, the last amount of its symptoms - the  
 hoarseness, hacking & dry cough - sometimes accompanied with  
 vomiting of a viscid phlegm - is increased in frequency  
 and violence - agitating the patient more and more  
 at each return - The countenance is flushed and dried -  
 The eyes inflamed and watery, and the mouth perpetually  
 filled with aropy mucous or salivary - The lower affection  
 now shows itself, by a difficult and hurried respiration,  
 accompanied with a wheezing or hissing sound; not uncom-  
 monly, compared by some, to the coming of a cock, or the  
 sound of the action of a dry pump - The pulse is frequent  
 the skin hot and dry - the tongue is coated with a white  
 fur indication of inflammation; and great thirst pre-  
 sents itself - Drowsiness comes on, and the patient appears  
 to slumber during the intervals of the paroxysms; but from





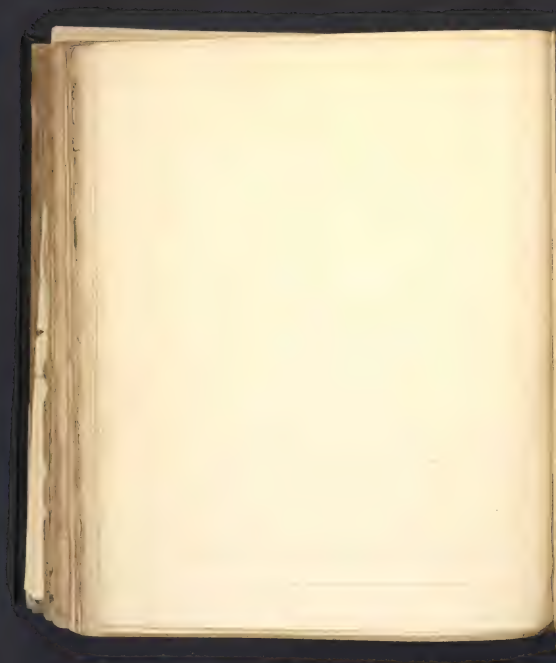
the it is soon in a violent fit of coughing and it makes  
 the most convulsive and dismaying efforts to remove respira-  
 tion - As the disease advances the breathing becomes  
 more difficult the child is restless and struggles with  
 little effect against its oppression - The face and lips  
 are livid or black as in asphyxia - the gums swell and  
 the tongue black - The pulse is now small and frequent  
 and there is great thirst - It is however, I have seen often  
 when placed into the cellular texture of the eyelids and also  
 then living spots on the skin from which the disease has  
 been called virus - About children convulsions occasionally  
 supervene, or, at least, in very young children - In this un-  
 happy situation, the little sufferer continues, until death  
 comes or later, according to the strength and constitution,  
 finally expiring and closes the scene - the cause being the  
 best thing, notwithstanding the poisoning stage of cough,  
 it would be particularly attended to as it is only at  
 this time, that we can consider the disease as completely  
 under the control of medicine - It is of a very peculiar  
 kind, much better recollected, than described - It is always



accompanied with hoarseness; but this may at first resemble  
 in coughing, and not in breathing - Its sound is clear and sin-  
 gular, and has been <sup>in</sup> ~~in~~ thought, to resemble the barking  
 of a small dog, or as it is <sup>it</sup> ~~it~~ said, from a trumpet or any  
 other metallic tube - It appears as if suddenly excited  
 by the irritation of some foreign body, in the larynx  
 or trachea; and the child seldom complains of pain  
 after the fit, as in the cough of croup - Croup  
 though a dangerous disease - may I think now be con-  
 sidered, as much under our control, as any other in-  
 flammatory affection occurring in a healthy constitution.  
 Its duration is uncertain, much depending on the age and  
 constitution of the patient - It proves fatal sometimes, as  
 we may readily conceive from its nature in a few hours,  
 occasionally it is protracted for a week or longer, but  
 usually, if not arrested, it destroys life in the course  
 of 2 or 3 days - As to the treatment, I conceive that this  
 may be best detailed, by dividing it into three stages,  
 and particularly according to the views Dr Brown has  
 taken of it viz. The first, second, and third or long, etc. -



[illegible]



our measures should be prompt and easy to be carried  
 out in execution - and for this purpose, we should  
 in off-spring - the first thing to be done in my opinion  
 is to make free swimming; and for this purpose, I would  
 make the water as perfect solution of various anti-  
 acid, but not allowing the water of them to be used  
 as the treatment of the medicinal water - but so  
 soon - If the water does not operate promptly, the child  
 should be put into a warm bath, at a temperature of  
 a general rule, of from 90 to 100, and kept in it until  
 the circulation is free - the complete solution  
 is being on the descent of the medicine in the  
 blood - and the very soft of the complaint,  
 our next resource is to use, especially if there be  
 much phlegm, which about the 3rd or 4th day  
 it is, in almost every case, necessary in this climate  
 It would be prudent to have a course of the  
 same a direct effect upon the circulation, by  
 a strong & vigorous, or if the attack be very violent,  
 it would be necessary to use a strong medicine - after





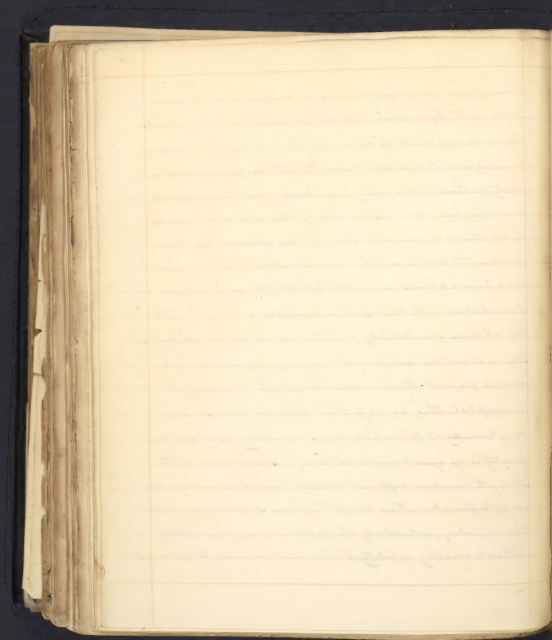




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now carried as delirious aims, and each to an approach to this state, before relaxation of the muscles could be induced. The child was cant of the group; but the system nervously reacts, and it did 4 or 5 months afterwards, of general debility, without apparently any local affection, unless there may have been some obstruction of the sudoriferous glands in the throes or congestive stage, when effusion has taken place - the febrile action is moderated, and the patient for a time appears relieved, but this the experienced practitioner well knows, is a deceitful calm, and that the chances are terribly multiplied in favour of death. The indications are to get rid of the effused lymph and to prevent its reproduction - unfortunately to accomplish this, we possess but slender means - The only remedy to be relied on, is vomiting, and as it frequently is of great importance to husbands, what little strength remains, different emetics have been recommended by different writers - Much has been said in favour of the ipecacuanha, particularly the sulph. ipecacuanha, as operating without creating debility - I believe that it would be of service -



But it is here, as an emetic, as well as in counteracting  
 in the second stage the remainder of the disease by its  
 expectorant virtue, that Senega displays its unrivalled  
 powers - A strong decoction of it should be given, and  
 if necessary, as much laudanum, as will prevent its opera-  
 tion on the bowels - On this stage it often becomes  
 necessary to support the strength of the little patient,  
 this is to be done in the usual way, by allowing a  
 more nutritious diet, consisting of the farinaceous  
 articles, such as Sago, Tapioca, arrow root, and even some-  
 times weak wine whey - As a last resource, tracheotomy  
 has been performed, but the little success attending it there-  
 fore, does not warrant us in placing much con-  
 fidence in it -

